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Bib Data Sheet

CONFIRMATION NO. 1634

<b>SERIAL NUMBER</b> 09/485,193	<b>FILING DATE</b> 12/27/2000 <b>RULE</b>	<b>CLASS</b> 514/435	<b>GROUP ART UNIT</b> <del>1814</del> 1634	<b>ATTORNEY DOCKET NO.</b> 018002-00101
<b>APPLICANTS</b> Patrick A. Schneider, Temecula, CA; Cynthia K. French, Irvine, CA; Karen K. Yamamoto, San Clemente, CA;				
<b>CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US99/12336 06/03/1999 <i>WD 99/63116.</i> <i>WHICH CLAIMS PRIORITY TO 60/085,016 6/4/98</i>				
<b>FOREIGN APPLICATIONS *****</b> <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <i>BM</i> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>SE</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 56
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 7		
<b>ADDRESS</b> Karen B Dow Townsend & Townsend & Crew 8th Floor Two Embarcadero Center San Francisco, CA 94111-3834				
<b>TITLE</b> Use of prothymosin in the diagnosis and treatment of endometriosis				
<b>FILING FEE RECEIVED</b> 1865	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	